THE AFFORDABLE CARE ACT

BRINGING THE BENEFITS HOME TO MICHIGAN

THE ABC'S OF NAVIGATING THE AFFORDABLE CARE ACT

A RESOURCE GUIDE TO UNDERSTANDING YOUR RIGHTS, RESPONSIBILITIES, AND CHOICES

2013

CONGRESSMAN JOHN D. DINGELL

The information included in this guidebook was compiled by the Office of Congressman John D. Dingell.

A BRIGHTER DAY FOR MICHIGAN

Bringing affordable health care to our families.

2013

The Affordable Care Act, the health care legislation passed by Congress and signed into law by President Obama on March 23, 2010, helps make health care affordable and accessible for all Americans. The Affordable Care Act requires most health plans to cover recommended preventive services without cost sharing (free). In 2011 and 2012, 71 million Americans with private health insurance gained access to preventive services with no cost sharing because of the law.

Before the health care law, too many Americans did not get the preventive care they need to stay healthy, avoid or delay the onset of disease, and reduce health care costs. Often because of cost, Americans used preventive services at about half the recommended rate.

Yet chronic diseases – which are responsible for 7 of 10 deaths among Americans each year and account for 75 percent of the nation's health spending – often are mostly preventable. Cost sharing (including copayments, co-insurance, and deductibles) reduces the likelihood that preventive services will be used. Especially concerning for women are studies showing that even moderate copays for preventive services such as mammograms or pap smears result in fewer women obtaining this critical care.

The law ensures hard-working, middle class families will get the security they deserve and protects Americans from the worst insurance company abuses. In June 2012, the Supreme Court affirmed the constitutionality of this landmark law.

District 12

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Disclaimer: The information included in this guidebook was compiled by the Office of Congressman John D. Dingell. The purpose of this guidebook is to highlight and explain the Affordable Care Act. This guide is not intended to be a comprehensive look at the law, rather it is meant to highlight those programs of interest to Michigan and the 12th Congressional District. Detailed information can be found by contacting the appropriate federal or state agencies as the information is subject to change. Additional requirements and guidance may be published at the discretion of the relevant agencies.

The AFFORDABLE CARE ACT
Benefits to Michigan

The landmark Affordable Care Act (ACA) began delivering important new benefits and protections to tens of millions of American families, almost immediately after it was signed into law by President Obama. But the largest benefits of the law will become available to consumers on October 1, 2013, when the Health Insurance Marketplaces will open for enrollment in all 50 states. These Marketplaces will offer individuals, families, and small businesses an efficient, transparent, one-stop shop to compare health insurance policies, receive financial assistance, and sign up for high-quality, affordable, and secure insurance coverage.

Below is a summary of new data on the significant benefits residents of Michigan's 12th Congressional District has already seen thanks to ACA.

As a result of the law:

- **8,500 young adults** in the district now have health insurance through their parents' plan.
- **More than 6,200 seniors** in the district received prescription drug discounts worth **$7.9 million**, an average discount of **$580 per person in 2011, $750 in 2012**, and **$540 thus far in 2013**.
- **107,000 seniors** in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.
- **206,000 individuals** in the district – including **40,000 children** and **86,000 women** – now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.
- **183,000 individuals** in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, **over 16,700 consumers** in the district received approximately **$2.5 million in insurance company rebates** in 2012 and 2011 – an average rebate of **$138 per family in 2012** and **$214 per family in 2011**.
- **Up to 39,000 children** in the district with preexisting health conditions can no longer be denied coverage by health insurers.
- **252,000 individuals** in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014.
- **Up to 75,000 individuals** in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition. In addition, the **40,000 individuals** who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

AFFORDABLE CARE ACT

ROLLOUT TIMELINE

June 24, 2013	**CONSUMER-FOCUSED WEBSITE LAUNCHED** **www.healthcare.gov** **24 HOUR TOLL-FREE CALL CENTER LAUNCHED** **Get your questions answered about the marketplace any time of the day.** **CALL 1-800-318-2596**
Mid-September 2013	**HEALTH PLAN CHOICES PUBLISHED** 34 states without state-based marketplaces, including Michigan, are unveiling the health plans to be offered in the marketplaces.
October 1, 2013	**HEALTH INSURANCE MARKETPLACE ENROLLMENT BEGINS**
January 1, 2014	**COVERAGE BEGINS FOR INDIVIDUALS IN THE HEALTH INSURANCE MARKETPLACES AND FOR SMALL BUSINESSES IN THE SHOPS.** **PREMIUM TAX CREDITS AVAILABLE** Premium tax credits become available for those with incomes between 100% to 400% of the poverty level (between $23,500 to $94,200 for a family of four in 2013) to make coverage affordable in the marketplace. **MEDICAID EXPANSION** Medicaid is expanded to cover all those with incomes up to 138% of the poverty level, with the federal government paying 100% of the cost for first three years, phasing down to 90% of the cost by 2020 and beyond. To date, Michigan has not yet decided to expand Medicaid. **DISCRIMINATION PROHIBITED BY INSURANCE COMPANIES** Insurance companies will no longer be able to discriminate against Americans due to pre-existing conditions. **ELIMINATION OF ALL ANNUAL LIMITS ON INSURANCE COVERAGE BEGINS.** **THE SMALL BUSINESS HEALTH INSURANCE TAX CREDIT INCREASES FROM COVERING 35% OF A BUSINESS'S PREMIUM COSTS TO 50% OF A BUSINESS'S PREMIUM COSTS.**
March 30, 2014	ENROLLMENT PERIOD ENDS FOR CALENDAR YEAR 2014 FOR INDIVIDUALS ENROLLING IN INDIVIDUAL HEALTH MARKETPLACES AND FOR SMALL BUSINESSES ENROLLING IN SHOPS. **NEW PROVISIONS EFFECTIVE BEGINNING TO TIE PHYSICIAN PAYMENTS TO THE VALUE OF THE CARE THEY PROVIDE, NOT SIMPLY THE VOLUME.**

AFFORDABLE CARE ACT RESOURCE SHEET

CONSUMER CALL CENTER AND OFFICIAL AFFORDABLE CARE ACT WEBSITE

TOLL-FREE CONSUMER CALL CENTER: 1-800-318-2596
Toll-free consumer call center to answer questions on the Michigan Marketplace. It is open 24 hours a day, seven days a week.

Healthcare.gov: The official ACA website provides easy-to-understand information for consumers and others. You can find insurance options, learn about prevention, compare health plans, and understand the new law.

STATE AND FEDERAL RESOURCES

Congressman John D. Dingell: http://dingell.house.gov

Washington, DC: 2328 Rayburn House Office Building, Washington, DC 20515. 202-225-4071
Dearborn, MI: 19855 W. Outer Drive, Suite 103-E, Dearborn, MI 48124. 313-278-2936
Ypsilanti, MI: 301 W. Michigan Avenue, Suite 400, Ypsilanti, MI 48197. 734-481-1100

White House: http://www.whitehouse.gov/healthreform. Provides useful overview of the law and what it means for you and your family; an interactive timeline; key facts and numbers; benefits for different populations; and myths and facts.

Centers for Medicare and Medicaid Service Marketplace: http://marketplace.cms.gov/.

Provides up-to-date information and resources on the marketplace.

Medicaid: Visit the Department of Community Health page of the state's website for more information on Medicaid-related issues; http://www.michigan.gov/mdch

Michigan State Website: http://www.michigan.gov/

State Bureau of Insurance Website: http://www.michigan.gov/difs

CONSUMER RESOURCES

Enroll America: http://www.enrollamerica.org/

Families USA: Health Reform Central: http://www.familiesusa.org/health-reform-central. Provides numerous resources and fact sheets on the ACA

Kaiser Family Foundation: Health Reform Source: http://kff.org/health-reform/ . Provides overviews, a health reform FAQ and glossary, research and analysis, interactive resources, public opinion data, state resources, and more.

INDIVIDUALS & THE AFFORDABLE CARE ACT

WHAT DOES THE AFFORDABLE CARE ACT MEAN FOR *INDIVIDUALS*?

Beginning on January 1, 2014, all individuals will be required to have health insurance or pay a fee.

- **If you are insured** and already have a "qualified" health insurance plan through your employer**, nothing changes.** You can keep your plan. You can also shop for a new plan on the Marketplace if you choose.
- **If you are uninsured**, you will have the opportunity to purchase quality, affordable health insurance through the Marketplaces. If you do not purchase insurance, you may have to pay a fee. See page 16 for more information on this issue.

Individuals and families will be able to apply for enrollment in the Marketplace in numerous ways, including: online, by phone, by mail, or in person.

CONSUMER ASSISTANCE & ENROLLMENT HELP IN THE MARKETPLACES

There are resources available right now to help you learn about types of health coverage, research your questions, and get ready to choose a health plan that gives you the right balance of costs and coverage. There is help available in each Marketplace to assist individuals and families choose the best private health plan for them.

TOLL-FREE CONSUMER CALL CENTER

There is now a toll-free consumer call center to answer questions on the upcoming Marketplaces. It is open 24 hours a day, seven days a week. In addition to English and Spanish, the call center provides assistance in more than 150 languages through an interpretation and translation service.

- Call the Marketplace Call Center at 1-800-318-2596.
- TTY users should call 1-855-889-4325.

Below is an overview of some of the functions of the call center.

June – September 2013:

- The call center will provide educational information and respond to general inquiries about the Marketplaces, primarily related to:
  - Health Insurance ("What's a premium?" "What's a deductible?")
  - Program ("I have insurance, will I be impacted?")
  - Preparation ("Where can I go to get additional information?" "When will I need to make a decision?")

October 2013 – March 2014:

- The call center will assist with completing an enrollment application and eligibility determination, performing a plan comparison to assist callers with selecting their insurance options, addressing issues related to premium information (based on adjusted gross income), determining tax credit eligibility, and complaints about health plan issuers.

OFFICIAL WEBSITE

Healthcare.gov is the official Affordable Care Act website. It provides easy-to-understand information for consumers and others. You can find out about insurance options, learn about prevention, compare care quality, and understand the new law.

When you visit HealthCare.gov and subscribe, you will be kept informed about key dates, news, updates and can chat online with a Marketplace Call Center representative. You can also find out specific information about health plans being offered in Michigan and how to apply for them at HealthCare.gov.

Be sure to: 1. Like Facebook.com/Healthcare.gov 2. Follow @Healthcare.gov on Twitter.

THE NAVIGATOR PROGRAM

The Affordable Care Act requires every Health Insurance Marketplace to establish a Navigator program to help consumers and small businesses understand their new coverage options and find affordable coverage that meets their health care needs. Michigan Navigators will be selected in August 2013. Please contact the Consumer Hotline at 1-800-318-2596 in August to learn more.

The Marketplaces must use at least two types of Navigators

- Community-based, consumer-focused focused nonprofit organization.
- The other type may be a trade association, licensed agent or broker who is not compensated for selling health insurance or other entity with a relationship to the populations likely to be eligible for Marketplace coverage.

NEW HEALTH INSURANCE MARKETPLACES FOR INDIVIDUALS

Enrollment Begins October 1, 2013. Coverage Begins January 1, 2014

The Health Insurance Marketplace is a new website (www.healthcare.gov) where individuals and small employers will be able to comparison shop for health insurance coverage, much the same way you shop for auto insurance online. States have been given the option to set up their own marketplace, partner with the federal government to run a marketplace, or opt out and let the federal government run the marketplace for them. The Michigan Marketplace will be run by the federal government.

NEW ONLINE MARKETPLACES FOR INDIVIDUALS

- Beginning in 2014, a new Health Insurance Marketplace in each state will operate two components: a Health Insurance Marketplace for individuals and a Small Business Health Options Program (or SHOP) for small businesses.
- With the Health Insurance Marketplace for individuals, beginning on January 1, 2014, millions of Americans will have access to affordable private health insurance coverage. The new Marketplaces will serve Americans who buy their own coverage or currently have no coverage at all.
- The Marketplaces will provide individuals and families a choice among numerous quality private health insurance plans, and will also make premiums affordable through sliding-scale premium tax credits.
- Every health insurance plan in the new Marketplaces will offer comprehensive coverage, from doctors to medications to hospital visits.
- Individuals will be able to compare all of their insurance options based on premiums, benefits, quality and other features important to them.
- There will be one Marketplace in each state. The vast majority (over 80%) of Americans, who have coverage through their employer or through such programs as Medicare and Medicaid, will not purchase insurance through the new Marketplaces.

THOSE IN THE MARKETPLACES WILL HAVE *BETTER* BENEFITS THAN VIRTUALLY EVERYONE BUYING INSURANCE IN THE INDIVIDUAL MARKET TODAY

- Many buying insurance in the individual market today have inadequate coverage, leaving them vulnerable to high medical bills even when they are insured. Indeed, many in the individual market currently have bare bones policies that exclude such things as mental health, maternity care and prescription drugs.
- By contrast, in the Marketplaces, all health plans will have all essential benefits, including hospital visits, doctor visits, prescription drugs, emergency services, pediatric services, mental health and substance use disorder services, and maternity and newborn care.

- Unlike in today's market, there will be coverage that is actually there for people when they need it.
- All health plans will also have coverage of key preventive services with *no* cost-sharing (FREE).
- Furthermore, all health plans in the Marketplaces will have a cap on total out-of-pocket spending – providing critical new protection for millions of Americans.

IN THE MARKETPLACES, HEALTH INSURANCE COMPANIES WILL COMPETE ON A LEVEL PLAYING FIELD, PROMOTING COMPETITION

- The Marketplaces will ensure that individuals and families can make an apples-to-apples comparison of the costs and benefits between the various private health insurance plans offered. Information on the premiums, deductibles, and out-of-pocket costs of the various plans will be available before individuals and families decide to enroll, so they will know what they are buying.
- All Qualified Health Plans offered in the Marketplaces are required to meet basic standards, including quality standards, consumer protections, and access to a range of doctors and clinicians.
- All information about the plans in the Marketplaces will be in plain language that can be easily understood.

PREMIUM TAX CREDITS WILL MAKE COVERAGE IN THE MARKETPLACES AFFORDABLE

- It is estimated that more than 85 percent of those buying coverage in the Marketplaces will qualify for premium tax credits.
- The tax credits are provided directly to the health plan chosen by individuals and families, immediately lowering what individuals and families pay for their monthly premiums.
- Tax credits will be available for individuals and families with incomes between 100 percent to 400 percent of the federal poverty level (between $23,500 to $94,200 for a family of four in 2013) who are not eligible for Medicaid, employer-sponsored insurance, or other acceptable coverage. The credit is reduced as individual and family income increases, phasing out at 400 percent of the poverty level.
- To help make coverage affordable, the sliding-scale credits limit individual family spending on premiums for the essential benefit package to no more than two percent of income for those with the lowest incomes and phasing up to no more than 9.5 percent of income for those at 400 percent of the poverty level.
- In addition to these premium tax credits, individuals and families with incomes up to 250% of the federal poverty level ($58,875 for a family of four in 2013) are also eligible for reduced cost sharing, to help them afford the insurance coverage they bought through the Marketplaces.

IN THE MARKETPLACES, AMERICANS WITH PRE-EXISTING HEALTH CONDITIONS CAN NO LONGER BE DENIED COVERAGE AND PREMIUMS WILL BE FAIR

- In the marketplaces, all Americans, including both adults and children, can no longer be denied coverage for having a pre-existing health condition.
- In the Marketplaces, individuals can also no longer be charged higher rates for having or developing a pre-existing health condition, leading to more fair and stable premiums.
- Women can no longer be charger higher premiums than men for the same coverage.
- Insurance companies can only vary premiums based on age by a maximum of a 3-to-1 ratio.

BEGIN PREPARING TODAY

PREPARE TO APPLY

The Marketplace offers different types of health plans to meet a variety of needs and budgets. You'll need to figure out how much you want to spend on health coverage each month. Most people using the Marketplace will qualify for subsidies, thereby saving money. To find out how much you're eligible for when you apply, it will help to have these things close by.

- Social Security numbers
- Birth Dates
- Pay stubs, W-2 forms, or "Wage and Tax Statements"
- Policy numbers for any current health insurance
- Information about any health insurance you or your family could get from your jobs

Starting October 1, 2013, you can apply and enroll in health coverage through the Health Insurance Marketplace by visiting HealthCare.gov.

Go to HealthCare.gov today. Sign up for updates for Michigan. Health coverage starts as early as January 1, 2014, and open enrollment ends on March 31, 2014. Through the Marketplace you can…

- Apply for health insurance;
- compare all your options; and
- find out if you can get lower costs on monthly premiums or get free or low-cost coverage

When you're ready to enroll, you'll decide how you pay your premiums or get help signing up for Medicaid or CHIP if you're eligible.

Before open enrollment begins, you can explore your options, prepare to apply, and sign up for Marketplace updates at HealthCare.gov.

EXPLORE YOUR OPTIONS

If you have job-based health insurance you like, you can keep it**.** You may be able to change to Marketplace coverage if you are interested.

Ask your employer if they plan to offer health insurance. If not, you may need to get insurance through the Marketplace or from other sources in 2014. If you don't have coverage, you may have to pay a fee.

When you visit HealthCare.gov, you can find information about how to apply for health coverage, compare your options, and enroll in a plan.

If you have Medicare, you're already covered and don't need to make any changes.

THINGS TO THINK ABOUT WHEN CHOOSING A HEALTH PLAN

Starting October 1, 2013, the Health Insurance Marketplace will offer different types of health plans to meet a variety of needs and budgets. You'll get a clear picture of what premiums you'd pay and what benefits and protections you'd get before you enroll. Compare plans based on what's important to you, and choose the combination of price and coverage that fits your needs and budget.

AS YOU SHOP FOR A PLAN, HERE ARE SOME THINGS TO KEEP IN MIND:

ALL PLANS IN THE MARKETPLACE OFFER THE SAME SET OF ESSENTIAL HEALTH BENEFITS

These are many of the benefits that people need when getting care. They cover things like doctor's visits, prescriptions, hospitalizations, pregnancy, and more. Plans can offer other benefits, such as, vision, dental or medical management programs for a specific disease or condition. However, even within Michigan, there can be small differences between plans. As you compare plans, you'll see what benefits each plan covers. This will be helpful if you have specific health care needs.

PLANS ARE PUT INTO 4 CATEGORIES

When you compare plans in the Marketplace, you will see that they're put into 4 categories based on how you and the plan can expect to share the costs for health care:

- Bronze
- Silver
- Gold
- Platinum

The category you choose affects how much your premium costs each month and what portion of the bill you pay for things like hospital visits or prescriptions. It also affects your total out-of-pocket costs – the total amount you'll spend for the year if you need a lot of care. The categories don't reflect the quality or amount of care the plans provide.

BALANCING MONTHLY PREMIUMS WITH OUT-OF-POCKET COSTS

As with all health plans, you'll have to pay a monthly premium. But it's also important to know how much you have to pay out-of-pocket for services when you get care.

- Premiums are usually higher for plans that pay more of your out-of-pocket medical costs when you get care. For example, if you have a Gold plan, you'll likely pay a higher premium, but may have lower costs when you go to the doctor or use another medical service.
- With a Bronze plan, you'll likely pay a lower premium, but pay a higher share of the costs when you get care.
- Platinum plans will likely have the highest monthly premiums and lowest out-of-pocket costs. The plan will pay more of the costs if you need a lot of medical care.

In general, when choosing your health plan keep this in mind: The lower the premium, the higher the out-of-pocket costs. The higher the premium, the lower the out-of-pocket costs.

DO YOU EXPECT A LOT OF DOCTOR VISITS OR NEED REGULAR PRESCRIPTIONS?

- If you do, you may want a Gold or Platinum plan. They likely have higher premiums, but you could pay lower out-of-pocket costs for each visit, prescription, or other medical service.

- If you don't, you may prefer a Bronze or Silver plan. Your monthly premiums will likely be lower, but you'll likely pay more of the cost when you see a doctor.

YOU MAY BE ABLE TO GET LOWER COSTS ON YOUR HEALTH COVERAGE

Learn more about how to get lower costs in the Marketplace at HealthCare.gov.
After you fill out a Marketplace application you'll learn if you're eligible for lower costs on your monthly premiums.

SPECIFIC PLAN INFORMATION AVAILABLE IN OCTOBER 2013

Starting October 1, 2013, you'll be able to get information about all the plans available in your area in the Marketplace. Visit HealthCare.gov or call 1-800-318-2596 for more information.

WHAT IF I DON'T HAVE HEALTH INSURANCE IN 2014?

If someone can afford it but doesn't have health insurance coverage in 2014, you may have to pay a fee. You must also pay for all of your care.

WHEN THE UNINSURED NEED CARE

When an uninsured person requires urgent—often expensive—medical care but doesn't pay the bill, everyone else ends up paying the price because hospitals and providers increase their fees to their other customers to make up for this uncompensated care.

That's why the health care law requires all people who can afford it to take responsibility for their own health insurance by getting coverage or paying a fee.

People without health coverage will also have to pay the entire cost of all their medical care. They won't be protected from the kind of very high medical bills that can sometimes lead to bankruptcy.

THE FEE IN 2014 AND BEYOND

The fee in 2014 is 1% of your yearly income or $95 per person for the year, whichever is higher. The fee increases every year. In 2016 it is 2.5% of income or $695 per person, whichever is higher.

In 2014 the fee for uninsured children is $47.50 per child. The most a family would have to pay in 2014 is $285. It's important to remember that someone who pays the fee won't get any health insurance coverage. They still will be responsible for 100% of the cost of their medical care.

After open enrollment ends on March 31, 2014, they won't be able to get health coverage through the Marketplace until the next annual enrollment period, unless they have a qualifying life event.

MINIMUM ESSENTIAL COVERAGE

To avoid the fee in 2014 you need insurance that qualifies as minimum essential coverage. You will not have to pay a fee if you have any of the following insurance plans:

- Any Marketplace plan, or any individual insurance plan you already have
- Any employer plan (including COBRA), with or without “grandfathered” status. This includes retiree plans
- Medicare
- Medicaid
- The Children's Health Insurance Program (CHIP)
- TRICARE (for veterans and veteran families)
- Veterans health care programs
- Peace Corps Volunteer plans
- Other plans may also qualify. Ask your health coverage provider.

WHO DOESN'T HAVE TO PAY THE FEE?

Uninsured people won’t have to pay a fee if they:

- are uninsured for less than 3 months of the year;
- are determined to have very low income and coverage is considered unaffordable;
- are not required to file a tax return because their income is too low;
- would qualify under the new income limits for Medicaid, but their state has chosen not to expand Medicaid eligibility;
- are a member of a federally recognized Indian tribe;
- participate in a health care sharing ministry; or
- are a member of a recognized religion that objects to health insurance.

If you don't qualify for these situations, you can apply for an exemption through the Marketplace asking not to pay a fee.

WHAT KINDS OF HEALTH INSURANCE DON'T QUALIFY AS COVERAGE?

Health plans that don't meet minimum essential coverage don't qualify as coverage in 2014. If you have only these types of coverage, you may have to pay the fee.

Examples include:

- coverage only for vision care or dental care
- workers' compensation
- coverage only for a specific disease or condition
- plans that offer only discounts on medical services

THE NAVIGATOR PROGRAM

The Affordable Care Act requires every Health Insurance Marketplace to establish a Navigator program to help consumers and small businesses understand their new coverage options and find affordable coverage that meets their health care needs. Michigan Navigators will be selected in August. Please contact the Consumer Hotline at 1-800-318-2596 to find out information about Michigan's Navigators and how they can help you obtain health insurance.

The Marketplaces must use at least two types of Navigators

- Community-based, consumer-focused focused nonprofit organization.
- The other type might be a trade association, licensed agent or broker who is not compensated for selling health insurance or other entity with a relationship to the populations likely to be eligible for Marketplace coverage.

WHAT NAVIGATORS WILL DO:

- Raise awareness about the Marketplace
- Provide unbiased information about enrollment
- Help consumers understand health plan differences and help submit consumers' choices to the Marketplace
- Provide culturally and linguistically appropriate information
- Provide referrals to any Consumer Assistance Program or other health insurance ombudsman program in the state

CONFLICT OF INTEREST STANDARDS FOR NAVIGATORS:

- Navigators may not receive consideration directly or indirectly from issuers or subsidiaries for enrolling people in a health plan inside or outside the Marketplace
- Issuers of stop loss insurance and subsidiaries cannot serve as Navigators
- Navigators must submit a plan for ensuring they remain free from conflicts of interest

HOW THE HEALTH CARE LAW BENEFITS SENIORS & IMPROVE MEDICARE

- **Reduces prescription drug costs for seniors.** Since the health care law was enacted, more than 6.6 million seniors in the Medicare Part D 'donut hole' coverage gap have saved over $7 billion on prescription drugs, or an average savings of $1,061 per senior. The health care law completely closes the 'donut hole' by 2020. Michigan seniors have saved nearly $215 million on prescription drug costs thanks to this provision.

- **Provides free Medicare coverage of key preventive services,** such as mammograms and colonoscopies. Before reform, some services could have a co-pay as high as $160. In 2011, 32.5 million seniors received one or more of these free preventive services, and in 2012, 34.1 million seniors received one or more of these free services.

- **Provides a free Annual Wellness Visit under Medicare.** More than 4.4 million seniors have already had a free Annual Wellness Visit under Medicare.

- **Strengthens Medicare and extends the solvency of the Medicare Trust Fund by 8 years.** The law's reforms strengthen solvency by squeezing waste out of the system and making it more efficient, without reducing benefits.

- **Provides new tools and enhanced authority to crack down on fraud in Medicare,** and, over the last four years, a joint anti-Medicare fraud task force of HHS and the Department of Justice has recovered nearly $15 billion in fraudulent Medicare payments on behalf of taxpayers, doubling the amount recovered over the four years prior – and the anti-fraud crackdown continues.

- **Helps seniors remain at home and stay out of nursing homes,** with the new Community First Choice Option, allowing states to offer home-based services to individuals with disabilities through Medicaid rather than institutional care.

HOW THE HEALTH CARE LAW BENEFITS WOMEN

- **Bans insurance companies from dropping women when they get sick or become pregnant.**

- **Improves the care of millions of older women with chronic conditions,** by providing incentives under Medicare for more coordinated care.

- **For 47 million women with private health insurance, ensures guaranteed free coverage of a range of preventive health services.**

- **Provides that this free coverage, beginning last summer, now includes more comprehensive women's preventive services,** such as well-woman visits, breastfeeding support and supplies, and gestational diabetes screening.

- **Ensures being a woman will no longer be treated as a "pre-existing condition,"** with insurance companies banned from denying coverage for "pre-existing conditions," beginning in 2014. Currently, many women are denied coverage or charged more for such "pre-existing conditions" as breast or cervical cancer, pregnancy, having had a C-section, or having been a victim of domestic violence.

- **Ends the common practice of "gender rating," charging women higher premiums than men for the same coverage, beginning in 2014**. According to one study, the women buying their insurance in the individual market today pay up to 48% more in premium costs than men.

- **Provides greater access to affordable health coverage for women,** with the establishment of Health Insurance Marketplaces for the millions who do not have affordable health insurance through an employer, beginning in 2014. Currently, less than half of America's women can obtain affordable insurance through a job.

SEVEN ADDITIONAL WOMEN'S PREVENTIVE SERVICES THAT ARE COVERED WITHOUT COST-SHARING REQUIREMENTS (FREE) INCLUDE

Well-woman visits: An annual well-woman preventive care visit for adult women to obtain the recommended preventive services, and additional visits if women and their health care providers determine they are necessary to deliver those services. These visits will help women and their health care providers determine what preventive services are appropriate, and set up a plan to help women get the care they need to be healthy.

Gestational diabetes screening: This screening is for women 24 to 28 weeks pregnant, and those at high risk of developing gestational diabetes. It will help improve the health of mothers and babies because women who have gestational diabetes have an increased risk of developing type 2 diabetes in the future. In addition, the children of women with gestational diabetes are at significantly increased risk of being overweight and insulin-resistant throughout childhood.

HPV DNA testing: Women who are 30 or older have access to high-risk human papillomavirus (HPV) DNA testing every three years, regardless of Pap smear results. Early screening, detection, and treatment have been shown to help reduce the prevalence of cervical cancer.

STI counseling: Women will have access to annual counseling on sexually transmitted infections (STIs). These sessions have been shown to reduce risky behavior in patients. However, only 28 percent of women aged 18-44 years reported that they had discussed STIs with a doctor or nurse.

HIV screening and counseling: Women have access to annual HIV screening and counseling. Women are at increased risk of contracting HIV/AIDS. From 1999 to 2003, the Centers for Disease Control and Prevention reported a 15 percent increase in AIDS cases among women, and a 1 percent increase among men.

Contraception and contraceptive counseling: Women with reproductive capacity have access to all Food and Drug Administration-approved contraceptive methods, and patient education and counseling, as prescribed by a health care provider.

Breastfeeding support, supplies, and counseling: Pregnant and postpartum women have access to comprehensive lactation support and counseling from trained providers, as well as breastfeeding equipment. Breastfeeding is one of the most effective preventive measures mothers can take to protect their health and that of their children, according to the Centers for Disease Control and Prevention (CDC). One of the barriers for breastfeeding is the cost of purchasing or renting breast pumps and nursing related supplies.

HOW THE HEALTH CARE LAW BENEFITS YOUNG ADULTS & CHILDREN

YOUNG ADULTS

- **Allows young adults to stay on their parents' health plans up to their 26th birthday.** 6.6 million young adults have already taken advantage of the law to obtain health insurance through their parents' plan, 3.1 million of which would be uninsured without this coverage.

- **Bans insurance companies from dropping young adults when they get sick or have an accident.**

- **For young adults in new private plans, provides free coverage of key preventive services.**

- **Provides access to quality coverage to the millions of young adults without access to affordable job-based plans,** with the establishment of new state-based Health Insurance Marketplaces, beginning in 2014. Currently, young adults are the most uninsured group among all Americans.

CHILDREN

- **Prohibits insurers from denying coverage to children under age 19 for having a "pre-existing condition."** Up to 17 million children with pre-existing conditions are now protected from discrimination.

- **For children in new private plans, provides free coverage of key preventive services, such as immunizations.**

- **Provides access to quality coverage for millions of children,** beginning in 2014. Currently, there are 7 million American children without any health insurance.

FREQUENTLY ASKED QUESTIONS

QUESTIONS FROM INDIVIDUALS AND FAMILIES

Q: What are the new online Marketplaces, starting in January, and who are they designed for?

A: The new Marketplaces are designed for Americans who buy their own coverage or currently have no coverage at all. (The vast majority of Americans, who have coverage through their employer or through such public programs as Medicare, will not purchase insurance through the new Marketplaces.) Some key facts about the New Marketplaces:

- The Marketplaces will provide individuals and families a choice among numerous quality private insurance plans.
- Every health insurance plan in the new Marketplaces will offer comprehensive coverage, from doctors to medications to hospital visits.
- There will be one Marketplace in each state. In Michigan, the Marketplace will be run by the federal government.
- A significant majority of people in the new Marketplaces will pay the same or less than they do for their coverage right now. That is because more than 80 percent of those buying coverage in the Marketplaces will qualify for premium tax credits, which will dramatically cut what an individual actually pays in premiums in many cases. The Congressional Budget Office (CBO) projects that the average tax credit will be more than $5,000 a year in 2014, or more than $400 a month.
- Those in the new Marketplaces will be receiving better benefits than those currently in the individual market. Unlike in today's broken individual market, there will be reliable coverage that is actually there for people when they need it.

Q: If I need insurance, how will I be able to enroll in a health plan in the new Marketplace?

A: If eligible, individuals and families will be able to enroll in a health plan in the Marketplace in numerous ways, including:

- Online (www.healthcare.gov);
- By phone (1-800-318-2596);
- By mail; or
- In person.

Also, the help available in each Marketplace to assist individuals and families choose the best private health plan for them will include:

- A toll-free call center;
- A website with plan comparison tools; and
- Navigators, such as community-based organizations.

Q: Starting in 2014, will it be easier for me to get coverage even if I have health problems?
A: Yes. Starting in 2014, having a health problem will no longer be a barrier to having access to affordable, quality health insurance.

- Currently, millions of Americans who have health problems and do not have access to affordable insurance through their employer are locked out of access to affordable insurance.
- In today's individual market (for the self-employed and those without employer coverage), insurers systematically exclude people with pre-existing health conditions altogether or only offer them astronomical, unaffordable premiums.
- In the new Marketplaces starting in January, Americans can no longer be denied coverage or charged higher rates for having a pre-existing health condition.

Q: If I already have employer-provided coverage, how does the health care law affect me?
A: If you have employer-provided coverage, you have already received numerous new protections and benefits under the health care law, including:

- Your insurer can't drop you when you get sick.
- Your insurer can no longer impose a lifetime limit on your coverage.
- Your insurer must give you the option of having your young adult children stay on or join your employer-provided plan until they turn 26.
- If you have a child with a pre-existing condition, your insurer cannot discriminate against that child.
- Your insurer must spend at least 80% of your premium on health care – not on profits or overhead. And if they don't, they have to reimburse you – either with a rebate or with lower premiums.
- Your insurer has to justify publicly any double-digit premium increases they are seeking.
- You have free coverage of key preventive services, such as mammograms and colonoscopies (for most people in private plans).

Furthermore, beginning in January 2014, you will receive additional protections and benefits under the health care law, including:

- Your insurer cannot discriminate against you if you have or develop a pre-existing condition.
- If you are a woman, insurers cannot charge you more than men for the same coverage.
- You are protected by a cap on your out-of-pocket costs.

Q: I have employer-provided coverage and I have heard that, beginning in 2014, large numbers of employers are going to drop their coverage and put their employees in the new Marketplaces. Is that true?

A: That is not true.

- CBO estimates that the health care law will continue the employer-based system that we have today. There are 156 million Americans in employer-provided coverage today. CBO estimates that there will still be 159 million Americans in employer-provided coverage in 2019.
- For decades, most employers have voluntarily offered health benefits to employees. 94 percent of firms with 50-199 employees and 98 percent of firms with 200 or more employees already offer health benefits today. There is no reason they would stop in 2014 under the health care law.
- Employers voluntarily offer health benefits today because they want to recruit and retain high-quality employees. They also want to maintain a healthy and productive workforce. Those incentives don't change under the health care law.
- J.P. Morgan has stated that 99% of large employers won't drop coverage and it's a "non-issue."
- The percentage of employers offering coverage has increased in Massachusetts since similar reforms went into effect. The percentage of employers offering coverage increased from 72% in 2007 to 77% in 2010.

Q: I have been concerned that it seems the premiums in my state seem to be going up rapidly and I've heard it's because of the new health care law. Is that true? And what can be done about rising premiums?

A: The provisions of the health care law over the last couple of years have not played a causative role in premium increases. There are actually key provisions in the Affordable Care Act that have been in effect for two years that can lead to lower rates – including a provision requiring that insurers spend at least 80% of your premium on health care – and not on profits, CEO pay, or overhead. If insurers don't, they have to reimburse you – either with a rebate or with lower premiums. In terms of the rates in Michigan, we should look more carefully at the actual premiums across the state, and not anecdotes.

Q: I have heard that some recent headlines of some insurers seeking big premium increases in these new Marketplaces mean that most Americans will be paying a lot more for health coverage next year. Is that true?

A: That is not true.

- These headlines on premiums have nothing to do with more than 95 percent of insured Americans – those who get their health insurance through their employer or through public plans like Medicare. No serious study has asserted that health care law will cause the premiums of those 240 million people to rise.
- The headlines are about the individual market only – where only 3.5 percent of Americans currently buy insurance.
- The headlines are only about rates that insurance companies are proposing, not rates that have been approved by state regulators – rates that in many cases will be significantly lower.
- The headlines are highly misleading. The headlines imply that all those in today's individual market will face higher premiums in the Marketplaces, which is not true. In general, women in the Marketplaces will see their premiums drop. Similarly, older men will see their premiums drop. A small group of predominantly young men may see somewhat higher premiums than in today's dysfunctional individual market, but a majority of these young men will have access to generous premium tax credits that will mean what they actually pay will not go up.
- Despite the headlines, a significant majority of those in the new Marketplaces will NOT be paying more for their insurance – due to the premium tax credits. CBO estimates that over 80 percent of people who get their coverage through the Marketplaces will receive premium credits.
- There have also been some very good headlines about premiums in the new Marketplaces – such as the Seattle Times' article, "Some May See Lower Rates under Obama Health Law" which discusses for example one health plan's proposed rates for healthy 21-year-old men that will decline by 15% next year. Also a Reuter's article, "Two States Say 2014 Obamacare Insurance Costs on Low Side," discusses the relatively low proposed rates announced in Washington and Oregon. Finally, a July 16, 2013 New York Times article declared "Health Plan Costs for New Yorkers Set to Fall 50%."
- People in the new Marketplaces will also be getting better benefits, which will result in lower out-of-pocket costs.

Q: If I am a senior enrolled in Medicare, how does the health care law affect me?

A: The health care law is strengthening Medicare and providing you with better benefits, including the following:

- If you fall into the prescription drug 'donut hole' coverage gap, you are receiving more than a 50 percent discount on your brand-name prescription drugs. Already, more than 6.3 million seniors who have fallen into the 'donut hole' have saved over $6.1 billion on their Rx drugs. By 2020, the 'donut hole' will be completely closed.
- You are now receiving free coverage of key preventive services, such as mammograms and colonoscopies. Before the health care law, some services could have a co-pay as high as $160.
- You are receiving a free physical – or Annual Wellness Visit – each year.
- The health care law strengthens Medicare and extends the solvency of the Medicare Trust Fund by 8 years – from 2016 to 2024.

Q: Isn't it true that this expensive law is going to bankrupt the country and explode the deficit?

A: The opposite is true. According to the latest estimates from the nonpartisan Congressional Budget Office, the health care law reduces the deficit by $109 billion over the next 10 years and over $1 trillion over the following decade.

- The health care law was designed to ensure that it would not increase the deficit and that it was to be fully paid-for.
- Ever since the health care law was enacted in March 2010, the nonpartisan CBO has consistently estimated that the law would reduce – not increase – the deficit.
- CBO estimates that the health care law has provisions that will help contain health care cost growth, thereby lowering the growth in costs of federal health care programs over the long term.

Q: I am a young adult. Is it true that, because of the new limits on age-based rating in the health care law, young adults like me will suffer "rate shock" and never be able to afford the premiums in the new Marketplaces?

A: That is not true. The nonpartisan Urban Institute recently issued a report entitled "Why the ACA's Limits on Age Rating Will Not Cause 'Rate Shock.'" The Urban Institute found that large majorities of young adults would not pay more for insurance because they will qualify for generous premium tax credits that will make insurance affordable. Currently, about 29 percent of people in their 20s are uninsured (almost double the rate of the overall population). The health care law will greatly improve their access to affordable coverage. The Urban Institute found:

- 92 percent of people ages 21 to 27 projected to buy an individual plan in the new Marketplaces are expected to have incomes less than 300% of the poverty level, so they will be eligible either for substantial tax credits to help pay premiums in the Marketplaces or for Medicaid.
- Similarly, 88 percent of 18-to-20-year-olds projected to buy a plan in the Marketplaces are expected to have incomes less than 300% of the poverty level, so they also will be eligible for substantial tax credits to help pay premiums in the Marketplaces or for Medicaid.
- For example, a young adult earning $16,500 per year would pay no more than $55 per month toward premiums for a basic plan in the Marketplaces because of the premium tax credits. He or she may well pay more in today's individual market for a far less comprehensive plan than will be available in 2014.

Q: I have heard that, since it was enacted in 2010, the health care law has caused health care costs and premiums to rise rapidly. Is that true?

A: No, that is not true. The opposite is true. Since the enactment of the health care law, the growth in overall health care spending and Medicare spending has decreased to record lows:

- U.S. health care spending grew at historic lows for a third consecutive year in 2011.
- Medicare per beneficiary spending rose by just 0.4 percent in 2012.
- Medicaid per beneficiary spending actually dropped by 1.9 percent in 2012.

Since enactment of health care law, the growth in many premiums is at record lows:

- The average projected premium for Medicare Advantage enrollees in 2013 is 10 percent lower than the average premium in 2010.
- There was no increase in the average premium for Medicare Part D in 2013.
- Premiums for Medicare Part B have gone up an average of less than 2 percent a year over the last five years.
- Annual premiums for employer-sponsored family health coverage increased by only 4 percent in 2012 – the smallest increase in all but one of the last 13 years.

Q: I am a veteran. I served my country and I was promised VA health care for the rest of my life. I am concerned that the health care law will take away the VA health care I have earned.
A: You should not be concerned. You stay in the VA health care system. Nothing changes for you under the Affordable Care Act.

Q: I am serving my country and I don't want to see my family kicked out of TRICARE and I don't want to lose my military health benefits either now or when I retire. I am concerned that the Affordable Care Act can change or take away my benefits.
A: Your family stays in TRICARE. While you serve, all of your military health benefits continue. And when you retire, you receive all of your military retirement health benefits. Nothing changes for you under the Affordable Care Act.

Q: I have heard that, under the health care law, there is a panel that can order my doctor not to give me certain procedures, therapy or care. Bureaucrats will decide whether I live or die?
A: There is no such panel. That is a blatant falsehood.

SMALL BUSINESSES & THE AFFORDABLE CARE ACT

WHAT DOES THE AFFORDABLE CARE ACT MEAN FOR SMALL BUSINESSES?

There are more than 28 million small business owners and self-employed individuals in the United States. The ACA includes key provisions that will give America's small business owners new options for providing quality, affordable health coverage to their employees if they so choose. If you own a business with fewer than 50 employees – 96 percent of America's businesses – you will have NO employer responsibility requirement, i.e. you will NOT face any penalties for not offering affordable coverage to your employees.

The provisions in the health care law will be an improvement over the current market where small businesses have had many problems obtaining affordable insurance. For example, currently small businesses pay 18 percent more in premiums than large firms for the same benefits. Also, today, premiums for a small business can rise exponentially simply because one of your employees gets cancer or has a serious heart attack. In this section, you will find an overview of how the ACA affects business owners depending on the number of employees.

SMALL BUSINESS ASSISTANCE IN THE MARKETPLACES

There are resources available right now to help you learn about types of health coverage, research your questions, and get ready to choose a health plan that gives your company the right balance of costs and coverage.

TOLL-FREE CONSUMER CALL CENTER

There is now a toll-free consumer call center to answer questions on the upcoming Marketplaces. It is open 24 hours a day, seven days a week. In addition to English and Spanish, the call center provides assistance in more than 150 languages through an interpretation and translation service.

- Call the Marketplace Call Center at 1-800-318-2596.
- TTY users should call 1-855-889-4325.

Below is an overview of some of the functions of the call center.

June – September 2013:

- The call center will provide educational information and respond to general inquiries about the Marketplaces, primarily related to:
  - Health Insurance ("What's a premium?" "What's a deductible?")
  - Program ("I have insurance, will I be impacted?").

- Preparation ("Where can I go to get additional information?" "When will I need to make a decision?")

October 2013 – March 2014:

- The call center will assist with completing an enrollment application and eligibility determination, performing a plan comparison to assist callers with selecting their insurance options, addressing issues related to premium information (based on adjusted gross income), determining tax credit eligibility, and complaints about health plan issuers.

OFFICIAL WEBSITE

Healthcare.gov is the official Affordable Care Act website. It provides easy-to-understand information for consumers and others. You can find out about insurance options; learn about prevention; compare care quality; and understand the new law.

When you visit HealthCare.gov and subscribe, you will be kept informed about key dates, news, updates, and can chat online with a Marketplace Call Center representative. You can also find out specific information about health plans being offered in Michigan and how to apply for them at HealthCare.gov.

Be sure to: 1. Like Facebook.com/Healthcare.gov 2. Follow @Healthcare.gov on Twitter.

THE NAVIGATOR PROGRAM

The Affordable Care Act requires every Health Insurance Marketplace to establish a Navigator program to help consumers and small businesses understand their new coverage options and find affordable coverage that meets their health care needs. Michigan Navigators will be selected in August 2013. Please contact the Consumer Hotline at 1-800-318-2596 in August to learn more.

The Marketplaces must use at least two types of Navigators

- Community-based, consumer-focused focused nonprofit organization.
- The other type may be a trade association, licensed agent or broker who is not compensated for selling health insurance or other entity with a relationship to the populations likely to be eligible for Marketplace coverage.

BEGINNING IN 2014, FOR BUSINESSES WITH FEWER THAN 25 EMPLOYEES:

- There is no employer responsibility requirement.
- There is a sliding-scale tax credit to help you afford to offer employee health insurance coverage, if you have average annual wages of less than $50,000. The credit is worth up to 50 percent of your small business's premium costs.
- There is a Small Business Health Options Program (SHOP) in each state – a Health Insurance Marketplace for small businesses – to make health insurance affordable and accessible for small businesses with 50 or fewer employees.
- By being given the ability to join a large pool in the SHOPs, you and other small businesses will now have access to the same types of quality, affordable coverage that only large firms have today.
- The SHOPs will reduce premiums for you and other small businesses through lower administrative costs, increased competition among insurers, increased transparency of costs, and better risk pooling.

BEGINNING IN 2014, FOR BUSINESSES WITH 25-49 EMPLOYEES:

- There is no employer responsibility requirement.
- There is a SHOP in each state – a Health Insurance Marketplace for small businesses – to make health insurance affordable and accessible for small businesses with 50 or fewer employees.
- By being given the ability to join a large pool in the SHOPs, you and other small businesses will now have access to the same types of quality, affordable coverage that only large firms have today.
- The SHOPs will reduce premiums for you and other small businesses through lower administrative costs, increased competition among insurers, increased transparency of costs, and better risk pooling.

BEGINNING IN 2015, FOR BUSINESSES WITH 50 OR MORE EMPLOYEES:

- There is a shared responsibility requirement for businesses with 50 or more employees. This requirement was delayed until January 1, 2015 in an effort to ensure the reporting requirements are implemented properly.
- Under the requirement, businesses with 50 or more employees that don't offer affordable health coverage and have at least one full-time employee receiving a premium tax credit in the new Marketplaces will have to pay a fee**.**
- However, the vast majority of these businesses already voluntarily offer health coverage. Currently, 94 percent of firms with 50-199 employees already offer coverage to their employees and 98 percent of firms with 200 or more employees do so.

WILL I QUALIFY FOR SMALL BUSINESS HEALTH CARE TAX CREDITS?

You may qualify for employer health care tax credits if you have fewer than 25 full-time equivalent employees making an average of about $50,000 a year or less.

To qualify for the Small Business Health Care Tax Credit, you must pay at least 50 percent of your full-time employees' premium costs. You don't need to offer coverage to your part-time employees or to dependents.

Starting in 2014, the tax credit is worth up to 50 percent of your contribution toward employees' premium costs (up to 35 percent for tax-exempt employers).

The credit is available only if you get coverage through the SHOP Marketplace.

HIGHER BENEFITS FOR SMALLER BUSINESSES

The tax credit is highest for companies with fewer than 10 employees who are paid an average of $25,000 or less. The smaller the business, the bigger the credit.

Example of how the tax credit works: An employer who qualifies for the maximum credit worth 50 percent of their premium contribution in 2014:
Number of employees: 10
Wages: $250,000 total or $25,000 per employee
Employer contribution to employee premiums: $70,000
Tax credit amount: $35,000 (50 percent of employer's contribution)

WHEN CAN I FIND OUT IF I QUALIFY FOR THE SMALL BUSINESS HEALTH CARE TAX CREDIT

You don't have to wait until open enrollment on October 1, 2013 to find out if you qualify for the small business health care tax credit.

You can find out now by visiting IRS.gov. You can also consult with your tax advisor or accountant to learn if you qualify, and if so, how much your credit will be.

WHAT IF I ALREADY INSURE MY EMPLOYEES?

If you insure your employees now, you can keep the coverage you have. If you have 50 or fewer full-time employees, you may offer a plan via SHOP instead.

Beginning in 2014, the small business health care tax credit is available only if you get coverage through SHOP.

IF YOUR EMPLOYEES BUY MARKETPLACE INSURANCE

Under the law, your employees may buy health coverage through the Marketplace instead of using the coverage you offer.

As long as the coverage you offer is considered affordable and meets minimum value, employees offered coverage will not be eligible for savings on their monthly premiums if they buy through the Marketplace.

CHANGING YOUR COVERAGE TO A PLAN OFFERED THROUGH SHOP

If you want to change your current health coverage to a plan offered through the SHOP, you can do so.

- Generally, to use SHOP you must be a small business with 50 or fewer full-time equivalent employees.
- You can apply for coverage starting October 1, 2013 for coverage beginning as early as January 1, 2014. Or you can apply anytime throughout 2014.

WHAT IS THE EMPLOYER SHARED RESPONSIBILITY PAYMENT?

The Employer Shared Responsibility Payment applies to some large employers who don't offer insurance that meets certain minimum standards. The payment is scheduled to begin in 2015.

If you have 50 or more full-time equivalent (FTE) employees, you may have to make this payment if at least 1 of your employees qualifies to save money on monthly premiums in the Marketplace.

Your employees won't be able to save money on monthly premiums in the Marketplace if the coverage you offer your full-time employees in 2015 is affordable and meets minimum value.

HOW TO KNOW IF YOUR COVERAGE IS AFFORDABLE

If an employee's share of the premium costs for employee-only coverage is more than 9.5% of their yearly household income, the coverage is not considered affordable.

Since you typically won't know your employee's household income, you can generally avoid a Shared Responsibility Payment for an employee if the employee's share of the premium for employee-only coverage doesn't exceed 9.5% of their wages for that year as reported on the employee's W-2 form.

For additional information about this, please visit IRS.gov/aca.

HOW TO KNOW IF YOUR COVERAGE PROVIDES MINIMUM VALUE

A health plan meets minimum value if the plan's share of the total costs of covered services is at least 60%.

All plans in the Marketplace meet minimum value**,** so any coverage offered through SHOP should qualify.

AMOUNT OF THE EMPLOYER SHARED RESPONSIBILITY PAYMENT

The amount of the annual Employer Shared Responsibility Payment is based partly on whether you offer insurance.

- If you don't offer insurance, the annual payment is $2000 per full-time employee (excluding the first 30 employees.)
- If you do offer insurance, but the insurance doesn't meet the minimum requirements, the annual payment is $3000 per full-time employee who qualifies for premium savings in the Marketplace.

Unlike employer contributions to employee premiums, the Employer Shared Responsibility Payment is not tax deductible. Visit IRS.gov/ACA for more information.

HOW DO I CHOOSE COVERAGE THAT'S RIGHT FOR MY BUSINESS?

There are 4 categories of plans in the SHOP Marketplace. They offer similar benefits, but differ based on how enrollees and the plan share the costs of care.

When you compare plans for your business, you'll notice that the plans are put into categories:

- Bronze
- Silver
- Gold
- Platinum

The categories describe the way your employees and the plan can expect to share costs for health care. The category has nothing to do with the quality of care a plan provides. All plans offered through the SHOP must provide a set of essential health benefits.

What your employees can expect to pay for (things like deductibles and copayments – and the total amount they spend out-of-pocket for the year if they need a lot of care) depends on which plan category you choose.

COMPARING PLANS: BRONZE, SILVER, GOLD, PLATINUM

As with all health plans, you and your employees have to pay a monthly premium. You can decide up front exactly how much you can afford to contribute towards your employees' premium costs, so you have more control over your company's health coverage spending.

When comparing plans, remember that the premium cost that your employees have to pay out-of-pocket for covered services is as important as the costs that you have to pay out of pocket. The plan with the lowest premium may not provide you or your employees with the best overall value.

BALANCING PREMIUMS AND OUT-OF-POCKET COSTS

- Premiums are usually lower for plans that pay a smaller share of medical costs when your employees get care. For example, with a Bronze plan, your employees will probably pay a lower premium than they would for a Gold plan. But they'll probably pay more when they go to the doctor.
- Platinum plans generally have the highest monthly premiums and lowest out-of-pocket costs for services. They will likely provide better financial protection if your employees use a lot of services or have a major health crisis.
- In general, when choosing health coverage for your business, keep this in mind: The lower the premium, the higher the out-of-pocket costs. The higher the premium, the lower the out-of-pocket costs.

SMALL BUSINESS HEALTH OPTIONS PROGRAMS - SHOP HEALTH INSURANCE MARKETPLACES FOR SMALL BUSINESSES

NEW ONLINE MARKETPLACES FOR SMALL BUSINESSES

Beginning in 2014, a new "Health Insurance Marketplace" in each state will operate two components: a Health Insurance Marketplace for individuals and a Small Business Health Options Program (or SHOP) for small businesses. You can access the SHOP by visiting healthcare.gov.

- Each state's SHOP will be focused entirely on small businesses, where employers will be able to choose from a range of affordable plans to offer their employees.
- With the SHOPs, by being given the ability to join a large pool, small businesses will now have access to the same types of quality, affordable coverage that only large firms have today.
- Enrollment in the SHOPs begins on October 1, 2013 and coverage in the SHOPs begins on January 1, 2014.
- The SHOPs will allow small businesses to make side-by-side comparisons of a range of health insurance plans to find a plan that best fits their budget and that's right for their business and employees.
- Beginning in 2014, unlike the current small group marketplace, the SHOPs will:
    - Guarantee small businesses a choice of qualified health plans;
    - Require health insurers to give small businesses detailed information about the prices, benefits, and quality of their qualified health plans, in a format that lets small businesses easily make apples-to-apples comparisons between plans;
    - Post quality information and the price for each qualified plan on the SHOP website, along with the results of consumer satisfaction surveys; and
    - Allow small businesses to either use their existing insurance broker to access the SHOP, or shop for plans themselves.
- All health plans in the SHOPs will cover essential health benefits like those covered by a typical employer health plan. Plans will be offered in four tiers – bronze (60% actuarial value), silver (70% actuarial value), gold (80% actuarial value) and platinum (90% actuarial value) – based on the amount of coverage that they provide.
- There will be one SHOP in each state. In Michigan, the SHOP will be run by the federal government.
- In 2014, in all states except Hawaii, SHOPs will be open to all employers with 50 or fewer employees. Beginning in 2016, employers with 100 or fewer employees will be able to participate in the SHOPs.

BEGINNING IN 2015, ALL SHOPS WILL ENABLE SMALL BUSINESSES TO OFFER A VARIETY OF PLANS TO EMPLOYEES

- In 2014, small businesses will be able to choose one plan, from the range of qualified health plans, to offer their employees in the SHOPs.
- However starting in 2015, small businesses have the option of offering their employees a choice of plans in the SHOPs. Under "employee choice," the employer will pick the level of coverage they want to pay for – bronze, silver, gold or platinum – and then their employees can choose any plan in the SHOP that is at that level of coverage.
- The SHOP will consolidate billing for small businesses so small businesses can offer their employees a choice of health plans without the hassle of contracting with multiple insurers. The employer will just be writing one check to the SHOP and the SHOP will take care of paying the multiple insurers.

THE NEW SHOPS WILL BE A MAJOR IMPROVEMENT FOR SMALL BUSINESSES OVER THE CURRENT SMALL GROUP MARKET

- Currently, small businesses pay 18 percent more in premiums than large firms for the same benefits. The SHOPs will reduce premiums for small businesses through lower administrative costs, increased competition among insurers, increased transparency of costs, and small businesses joining a larger risk pool.
- Currently, premiums for a small business can rise exponentially simply because a worker gets cancer or has a serious heart attack. In the SHOPs, due to new consumer protections, premiums will no longer be based on an employee's health or medical history as they are now in many states. Instead, premiums can vary only based on the ages and smoking history of employees. Under the new consumer protections, employees cannot be charged more or excluded from a plan because of a pre-existing health condition.

TAX CREDITS MAKE COVERAGE MORE AFFORDABLE FOR MANY SMALL BUSINESSES

- Since 2010, under the Affordable Care Act, there has been a sliding-scale tax credit to help small businesses with fewer than 25 employees and average annual wages of less than $50,000 afford to offer employee health insurance coverage. From 2010 through 2013, the credit has been worth up to 35 percent of a small business's premium costs. (The credit is permanent, but a business can only claim it for two years.)
- 360,000 small employers have already used the Small Business Health Care Tax Credit to help provide health insurance to 2 million workers.
- Starting in 2014, the tax credit will be available to small businesses that are in the SHOPs and meet the criteria. It will increase to up to 50 percent of a small business's premium costs.

HOW THE HEALTH CARE LAW BENEFITS SMALL BUSINESSES

- **Provides small businesses access to the same affordable health plans only previously available to large firms.** The health care law establishes state-based SHOP Marketplaces, where beginning in 2014, small businesses and their employees will be able to buy affordable coverage. Small business owners and workers will be able to pool their buying power and do one-stop comparison shopping for affordable plans.

- **Provides small businesses access to quality health plans.** Starting in 2014, affordable plans in the SHOP Marketplaces will have a guaranteed set of minimum benefits – to eliminate fine print surprises and gaps in coverage that often face those who don't have the purchasing power of a large group.

- **Ensures key Patients' Rights, which are particularly important for small businesses** that have often only been able to get health plans with large gaps in coverage. For example, the health care law bans insurance companies from placing lifetime limits on coverage, from placing restrictive annual limits on coverage, and from denying coverage to children with pre-existing conditions.

- **Provides tax credits for small businesses to help them offer employee health insurance coverage – if they choose to do so.** The tax credits cover up to 35% of the cost of the coverage, for businesses with up to 25 employees. Beginning in 2014, these tax credits will start covering up to 50% of the cost of the coverage. In 2011, 360,000 small employers used the Small Business Health Care Tax Credit to help them afford health insurance for 2 million workers.

FREQUENTLY ASKED QUESTIONS

QUESTIONS REGARDING BUSINESSES & THE ACA

Q: What are some useful websites where I can get accurate information about health reform and small businesses?

A. Healthcare.gov is the official Affordable Care Act website that provides easy-to-understand information. Find insurance options, learn about prevention, compare care quality, and understand the new law.

In addition the Small Business Administration has a great online resources that can help answer any questions you may have. Visit SBA.gov/healthcare for fact sheets and resources designed specifically for small businesses.

Q: I am concerned that the health care law will destroy my small business because I can't afford to buy health insurance for my employees.

A: Under the health care law, if you are a small business with fewer than 50 full-time employees, your business is not required to do anything. There is no employer responsibility requirement, no penalty, no reporting requirements, nothing. For 96% of America's businesses, that is the answer. Furthermore, there are provisions in the health care law that can make it more affordable for you to offer health insurance to your employees if you choose to do so:

- There is a key health insurance tax credit for small businesses in the health care law. If you have fewer than 25 employees and average annual wages of less than $50,000, you qualify for this tax credit, which will make employee health insurance more affordable. Beginning in January, the tax credit is worth 50 percent of a small business's premium, an increase from 35 percent in 2013. The credit is available for two years.
- Beginning in January, there will be a new online Marketplace for small businesses in each state – a SHOP – that will make the purchase of health insurance affordable and accessible for these small businesses. By being given the ability to join a large pool, small businesses will now have access to the same types of quality, affordable coverage that only large firms have today.

Q: Under the Affordable Care Act, if I have 50 or more full-time employees on an annual basis, what do I have to do?

A: Under the Affordable Care Act, there is no mandate on employers to provide health insurance to your employees per se. Instead, for employers with 50 or more full-time employees, there is an "employer responsibility requirement." The "employer responsibility requirement" provides that if an employer with 50 or more full-time employees doesn't offer health coverage to full-time employees and at least one full-time employee receives a premium tax credit in the new Marketplaces, the employer then pays a penalty of $2,000 times the total number of full-time employees (excluding the first 30 employees). This provision will go into effect on January 1, 2015.

Q: Isn't the health care law's "employer responsibility requirement" for firms with 50 or more employees unfair to America's employers?

A: Actually, the employer responsibility requirement in the health care law matches what is common business practice today. Currently, with no responsibility requirement, 94 percent of firms with 50-199 employees and 98 percent of firms with more than 200 employees already voluntarily offer health insurance.

- The health care law's employer responsibility requirement doesn't require businesses with 50 or more employees to provide employees coverage. Rather, under the employer responsibility requirement, businesses with 50 or more employees that don't offer affordable health coverage to full-time employees and have at least one full-time employee receiving a premium tax credit in the new Marketplaces will have to pay a penalty. This provision will go into effect on January 1, 2015.
- Thus the employer responsibility requirement simply ensures larger employers don't try to achieve cost savings for themselves by not offering coverage and thereby dump the costs of their employees' health care costs onto taxpayers.

Q: If I am a small business owner with less than 50 full-time employees and I choose not to offer health insurance, what options for insurance will my employees have?

A: Under the Affordable Care Act, there will be new options for your employees to obtain health insurance if you have chosen not to offer coverage. First, there is no penalty for you for not offering your employees coverage. If an employee has an income between 138% and 400% of the poverty level (between $32,430 to $94,200 for a family of four in 2013), they can go into the new Marketplace and buy a private health plan with the help of a premium tax credit. If the employee's income is below 138% of the poverty level, in states that expand Medicaid to those with incomes up to 138% of the poverty level, the employee and his family can enroll in Medicaid. In states that rejected the Medicaid expansion, the employee and his family can go into the Marketplace and qualify for the premium tax credit.

Q: What are the new online SHOPs, starting in January, and who are they designed for?

A: SHOPs (Small Business Health Options Programs) are online marketplaces that are designed to make the purchase of health insurance affordable and accessible for small businesses:

- Each state will have a Small Business Health Options Program, or SHOP, focused just on small businesses, where employers will be able to choose from a range of affordable plans to offer their employees.
- There are also tax credits available in the SHOPs for up to 50 percent of a business's premium costs to make providing employee coverage more affordable for businesses with fewer than 25 employees and average annual wages below $50,000.

With SHOP, every small business owner will be able to:

- Make apples-to-apples comparisons of the prices and benefits of private insurance plans for their employees.
- Join a large insurance pool, giving them access to the same types of quality, affordable coverage that only large firms have today.

AFFORDABLE CARE ACT

GLOSSARY

Affordable Care Act (ACA)
The Affordable Care Act is the comprehensive federal health care reform law enacted in March 2010. It is also known as "Obamacare." The law includes a long list of health-related provisions that began taking effect in 2010 and will continue to be implemented over four years. Key provisions are intended to extend coverage to millions of uninsured Americans. Read the full law at http://www.hhs.gov/healthcare/rights/law/index.html

Center for Consumer Information and Insurance Oversight (CCIIO)
The Centers for Medicare & Medicaid Services' Center for Consumer Information and Insurance Oversight (CCIIO). A part of the U.S. Department of Health & Human Services (HHS), it provides national leadership in setting and enforcing standards for health insurance that promote fair and reasonable practices to ensure that affordable, quality health coverage is available to all Americans. CCIIO also provides consumers with comprehensive information on coverage options currently available so they may make informed choices on the best health insurance for their family.

Center for Medicare and Medicaid Services (CMS)
The Center for Medicare and Medicaid Services is the federal agency that runs the Medicare program. In addition, CMS works with the States to run the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care.

Coinsurance
The percentage of charges you pay when you receive a covered service. Your health insurance pays the rest. Coinsurance amounts vary depending on your plan and the service.

Copayment
The fixed dollar amount you pay when you receive certain covered services or prescriptions. Your health insurance pays the rest Copayments vary depending on your plan and the service.

Cost share
The portion of charges for a service or prescription that the member is responsible for paying, such as a copayment, coinsurance, or deductible payment.

Deductible
The fixed amount you must pay in a calendar or contract year for certain health care services before your health insurance begins to pay.

Dependent
A family member, such as a spouse, children, or partner, who is covered under a policyholder or subscriber's plan.

Federally-facilitated Exchange (**FFE)**
The Affordable Care Act allows each State the opportunity to establish an Affordable Insurance Exchange ("Exchange") to help individuals and small employers purchase affordable health insurance coverage. Exchanges will allow individuals and eligible employers to compare and select from qualified health plans (QHPs) for their families and their employees that meet benefit design, consumer protection, and other standards. The Affordable Care Act directs the Secretary of HHS to establish and operate a Federally-facilitated Exchange to serve the consumers of any State that does not elect to create a State Based Exchange on their own.

Grandfathered Plan
A group health plan that was created — or an individual health insurance policy that was purchased — on or before March 23, 2010. Grandfathered plans are exempted from many changes required under the Affordable Care Act.

Health Care
The prevention, treatment, and management of diseases and injuries, as well as the preservation of mental and physical health, through services offered by trained and licensed professionals (like doctors, dentists, and psychologists).

Health Care Reform
A general term for the major health policy changes put in place by the federal Affordable Care Act of March 2010, and any state laws passed to put it in place.

Health Insurance (also referred to as "coverage" or "plan")
A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium you pay.

Health Insurance Marketplace(s) (formerly Health Insurance Exchange(s))
Government-run online markets where individuals and small businesses will be able to compare and enroll in health plans, get answers to questions, and find out if they are eligible for financial assistance or special programs. Kaiser Permanente members, link directly to your state's Health Insurance Marketplace here.

Large Employer
Usually a company with over 50 employees (or full time equivalent employees). May vary by state law.

The Marketplace
A common nickname for the Health Insurance Marketplaces, also called "exchanges".

Medicaid
A government insurance plan for the poor and disabled.

Network All the facilities, providers, and suppliers that your health insurer is contracted with to provide health care services.

Out-Of-Network Any facilities, providers, or suppliers that your health insurer is not contracted with to provide health care services.

Out-Of-Pocket Expenses Medical conditions that a person has before he or she applies for a new health insurance policy

Premium
The amount you and/or your employer pay (usually each month) for health care coverage.

Preventive Care
Measures taken to prevent diseases (or injuries) rather than curing them or treating their symptoms.

Provider
A physician, health care professional or health care facility that is licensed, certified, or accredited to provide care and services as required by state law.

Small Employer
Usually a company with 50 or fewer employees (or full time equivalent employees). May vary by state law.

Summary of Benefits and Coverage
A plain-language summary of your benefits and coverage. In compliance with the ACA, every insurer must supply this document and a uniform glossary of common health terms to members and prospective members during open enrollment and/or upon request. It provides a brief summary of information such as the following of cost sharing for some common medical services such as office visits or lab tests; deductibles and out-of-pocket limits; and services not covered by the plan.

Subsidy
Financial assistance the government may provide to help some people pay for health coverage or care. The government will pay part of the premium directly to the health plan. Usually determined by income level and family size.

Tax Credits
A tax credit is an amount that can be subtracted from the amount of income tax a person or business owes. Tax credits will be offered to some individuals and small businesses that purchase health insurance in state-based marketplaces called exchanges to help cover the cost of insurance.

Third Party
When a health insurance plan denies an appeal on a coverage or payment decision, people enrolled in the plan can ask for a review by an independent, external group known as a third party.

TRICARE
A public health care insurance program that covers uniformed service members, retirees and their families.

Waiting Period
A waiting period is the amount of time before health coverage starts for an employee or dependent who is otherwise eligible for health coverage under a job-based health plan.

Wellness Visit or Annual Wellness Exam (through Medicare)
A wellness visit or annual wellness exam is a preventive visit to a health care professional that is now covered by Medicare Part B. The visit is offered once every 12 months.

AFFORDABLE CARE ACT

HEALTH COVERAGE, CLINICS, PRESCRIPTION DRUG DISCOUNTS

MICHIGAN MEDICAID PROGRAMS

Administrator	Michigan Department of Community Health
Description	Michigan has many health care programs available to children, families, and adults who meet certain eligibility requirements. The goal of these health care programs is to ensure that essential health care services are made available to those who otherwise would not have the financial resources to purchase them.
Eligible Activities	All of the health care programs in Michigan have income limits and some programs also have an asset limit, which vary based on program.
Phone	1-517-373-3740
Website	http://www.michigan.gov/mdch/0,1607,7-132-2943_4860-35199--,00.html

MICHIGAN MEDICARE SAVINGS PROGRAM

Administrator	Michigan Department of Community Health (MDCH)
Description	MDCH helps individuals find programs that they may be eligible for that can save over $1,100 in Medicare expenses each year for people who qualify.
Eligibility	You may qualify for help to pay your Medicare expenses if you are elderly or disabled with low income and limited assets. To get these savings, you must be eligible for or receiving Medicare Part A. If you are not sure if you are receiving Medicare Part A, look on the front of your Medicare insurance card or call Social Security toll-free at 1-800-772-1213 to ask. To qualify, you must have a monthly income below 135 percent of the Federal Poverty Level (FPL) and assets valued at less than $6,680 for a single person or $10,200 for a married couple.
Phone	1-800-772-1213
Website	http://www.michigan.gov/documents/Medicare_10355_7.pdf

ADULT BENEFITS WAIVER / ADULT MEDICAL PROGRAM (ABW/AMP)

Administrator	Michigan Department of Community Health
Description	The Adult Benefits Waiver provides basic health insurance coverage to residents of the State of Michigan with countable incomes at or below 35% of the federal poverty level.
Phone	Wayne: 1-313-833-3450; Washtenaw: 1-866-291-8691
Website	http://www.michigan.gov/mdch/0,1607,7-132-2943-66333--,00.html

MI CHILD

Administrator	MIChild
Description	MIChild is a health insurance program available to uninsured children of Michigan's working families. Services are provided by HMOs and other health care plans. MIChild covers regular checkups, shots, emergency care, dental care, pharmacy, hospital care, prenatal care and delivery, vision and hearing, and mental health and substance abuse services, among others. If your child qualifies, you pay a monthly premium of $10 a month. There are no co-pays and no deductibles.
Eligibility	To qualify, children must be U.S. citizens, live in Michigan, be under the age of 19, have no health insurance, and meet the income requirements.
Phone	For an application, call 1-888-988-6300
Website	www.michigan.gov/michild

VETERANS HOSPITALS

Administrator	John D. Dingell VA Medical Center
Description	Located in Detroit, medical services are provided to veterans living in Wayne, Oakland, Macomb, and St. Clair counties.
Address	4646 John R Street, Detroit, MI 48201
Phone	1-313-576-1000
Website	http://www.detroit.va.gov/index.asp

Administrator	VA Ann Arbor Healthcare System
Description	The VA Ann Arbor Healthcare System serves veterans in Michigan and northwest Ohio at its main medical center or one of three community-based outpatient clinics. The facility also serves as a referral center for specialty care.
Address	2215 Fuller Rd., Ann Arbor, MI 48105
Phone	1-734-769-7100
Website	http://www.annarbor.va.gov/index.asp

FREE CLINICS OF MICHIGAN

Administrator	Free Clinics of Michigan
Description	Free Clinics of Michigan is a network of volunteer-staffed free clinics that provide health care services to the uninsured or medically underserved in Michigan.
Address	Various locations across Michigan
Email	Admin@mail.fcomi.org
Website	http://www.fcomi.org/find-a-clinic.html

Administrator	U.S. Department of Health and Human Services – Health Care Locator
Description	The Department of Health and Human Services offers an online locator tool to help identify federally-funded health centers near you. You pay what you can afford and are provided with everything from checkups and treatments to dental care and prescription drugs for your family
Website	http://findahealthcenter.hrsa.gov/Search_HCC.aspx

FREE CLINICS IN WAYNE COUNTY

Administrator	Arab Community Center for Economic and Social Services Health Clinic
Description	Medical services are offered to the uninsured and underinsured based on a sliding scale fee schedule, making it affordable for the entire public regardless of income. Services include primary care such as physicals, follow-ups, immunizations, pap smears, breast exams and family counseling, obstetrics and gynecology, general surgery and oncology, complete laboratory services, mammography and ultrasound. Pharmacy located on premises.
Address	6450 Maple St., Dearborn, MI 48126 (26511 Saulmo Ct., Dearborn, MI 48120—Social Services)
Phone	1-313-216-2200 (1-313-945-8167—Social Services)
Website	http://www.accesscommunity.org/site/PageServer?pagename=Medical_Division

Administrator	Cabrini Clinic
Description	Services available include medical, prescription, vision, mental health and social.
Eligibility	Must be an uninsured adult, ages 19-64
Address	1234 Porter Street, Detroit, MI 48226
Phone	1-313-961-7863; contactus@cabriniclinic.org
Website	http://www.cabriniclinic.org/

Administrator	Hope Medical Clinic – Wayne Satellite Clinic
Description	Services available include medical, dental, and prescription.
Address	33608 Palmer Road Westland, MI 48185
Phone	1-734-710-6688
Website	http://www.thehopeclinic.org/medicalclinic/wayne.htm

Administrator	Health Unit on Davison Avenue (HUDA) Community Clinic
Description	Provides free outpatient medical services for the uninsured. Medical services include outpatient health assessments, blood pressure screening, cholesterol monitoring, diabetes screening, general eye exams, and prostate cancer screening. HUDA Clinic also offers lab services including glucose testing, occult blood testing, urine dipstick, hemoglobin, beta-HCG, and microscopic services. Open Tuesdays and Thursdays from 8a.m.- 4p.m. and Saturdays from 8a.m. - 5p.m.
Address	13240 Woodrow Wilson St., Detroit, MI 48238
Phone	1-313-865-8446; info@hudaclinic.org
Website	http://hudaclinic.org

FREE CLINICS IN WAYNE COUNTY (CONTINUED)

Administrator	Michigan Association of Physicians of Indian Origin (MAPI) Free Clinic
Description	Services available include medical and prescription. Serves adults 18 years of age or older without health insurance. By appointment only. Open Saturday from 9a.m.-12p.m. or 12p.m.-3p.m.
Address	12701 Telegraph Rd., Suite 202, Taylor, MI 48180
Phone	1-734-374-3152

Administrator	Oakwood Medical Staff Clinic
Description	The clinic was established to provide primary care health services to adult patients that have been displaced or laid off from Ford Motor Company and are without health insurance. The clinic offers primary care services including a history and physical exams by a physician. Ancillary testing including radiology exams, blood work or more extensive medical care may not be services that are covered. Located in the Charlotte A. Woody Cancer Center.
Location/Hours	18101 Oakwood Blvd, PO Box 2500, Dearborn, MI 48124; Mon.-Thurs.1-4 P.M.
Phone	1-313-593-7817
Pharmacy	For a small annual fee, patient can have access to low-cost prescriptions by registering in the pharmacy located across the Atrium from the clinic. Phone: 1-313-593-7273
What to Bring	Driver's License or picture ID, Proof of previous employment at Ford Motor Company (severance papers, Ford ID, UAW card), and a list of medications.

Administrator	St. John Community Health Center – Primary Care for the Uninsured
Description	Primary care services usually include the regular services you would receive from your family doctor, such as preventive care, health education, and treatment of long term (chronic) disease like high blood pressure or diabetes.
Address	Use link below to find center nearest you.
Phone	1- 866-501-DOCS (3627)
Website	http://www.stjohnprovidence.org/Services/OutpatientService.aspx?OutpatientService_id=110

Administrator	St. Vincent DePaul Health Center
Description	Services provided for adults include treatment of common medical conditions such as: high blood pressure, diabetes, asthma, arthritis, physicals, and respiratory problems. Physicians are available on most Monday and Thursday afternoons by appointment only. General Visiting Hours are from 11:00a.m. – 8p.m.
Address	15055 Hubbell St, Detroit, MI 48227
Phone	1-313-837-5078
Website	http://www.stjohnprovidence.org/InnerPage.aspx?PageID=1826

FREE CLINICS IN WAYNE COUNTY (CONTINUED)

Administrator	Wyandotte Clinic for the Working Uninsured
Description	The Wyandotte Clinic for the Working Uninsured provides primary medical care to adult uninsured workers. Services include primary care doctor visits; podiatric services; disease management of high blood pressure, diabetes, asthma; nutrition counseling with registered dietitian; referral service as appropriate; women's annual exams, including pap and mammography; and prescription assistance. Patients are seen by appointment on Wednesdays and Thursdays from 4:30 pm - 6:30pm and Saturdays from 9a.m.-11:30a.m. No walk-ins are permitted.
Address	3333 Biddle Avenue, Suite A, Wyandotte, MI 48192
Phone	1-734-365-3560
Website	http://www.wyandotteclinic.com/

Administrator	Western Wayne Family Health Centers
Description	Western Wayne provides primary care services to the uninsured and underinsured based on your ability to pay. Fees are determined on a sliding scale basis. Western Wayne will also help patients apply for support programs that may help to offset the cost of care. Services are available to patients of all ages and include: primary and preventative care, physical examinations, health and wellness education, chronic disease management, obstetrics /gynecology, breast and cervical cancer screenings, well child checks, immunizations, employment physicals, laboratory work, and referral into specialty care. The Clinic is open Monday – Thursday from 9a.m. – 6p.m. and Friday 9a.m. – 5p.m.
Address	2500 Hamlin Road, Inkster, MI 48141
Phone	1-313-561-5100
Website	http://www.wwfhcinkster.org/

FREE CLINICS IN WASHTENAW COUNTY

Administrator	Corner Health Center
Description	The Corner provides medical services for men and women between the ages of 12-21, and their children. Services include: wellness care including physicals, immunizations, and TB tests; sick care including diagnosis and treatment of common health problems such as a sore throat or asthma; pediatric care; reproductive care; and mental health services. Fees are determined on a sliding fee schedule based on income for those without insurance.
Address	47 N. Huron St., Ypsilanti, MI 48197
Phone	1-734-484-3600
Website	http://www.cornerhealth.org

FREE CLINICS IN WASHTENAW COUNTY (CONTINUED)

Administrator	Hope Medical Clinic, Inc.
Description	Provides free primary care for patients without insurance or the ability to pay for health care. Services include medical, dental, prescription, vision, hearing, mental health and social services.
Address	518 Harriet St. Ypsilanti, MI 48198
Phone	1-734-481-0111
Website	http://www.thehopeclinic.org

HIV/AIDS DIAGNOSIS AND TREATMENT

Administrator	Oakwood Healthcare Center – Westland: Infectious Disease Clinic
Description	The Infectious Disease Clinic provides treatment and care for people with HIV/AIDS. The clinic has doctors, nurses and other health care professionals who specialize in HIV care, and treat all with compassion, respect and dignity in a relaxed and personal environment. This program is supported by Title I funds from the Ryan White Care Act, so treatment is available to all, regardless of income or insurance. People using the clinic must provide proof of income and complete a Medicaid application to qualify for the Ryan White coverage. If the Medicaid application is denied, care can still be given if the other qualifications are met. Patients using this clinic must be uninsured or under-insured. Case management and other support services are available on site, as well as X-Ray and a pharmacy. Open Tuesdays and Thursdays by appointment only.
Address	2001 S. Merriman Rd, Suite 100, Westland, MI 48186
Phone	1-734-727-1130 for general center; 1-734-727-1115 for Infectious Disease Clinic
Website	http://www.oakwood.org/TB-Infectious-Disease-Clinic

INFORMATION ON FREE OR LOW COST PRESCRIPTION MEDICATION

Administrator	Michigan Department of Community Health
Description	Listing of various prescription drug discount programs and free clinics
Website	http://www.michigan.gov/mdch/0,1607,7-132-2943_52115-203872--,00.html

MICHIGAN DONATED DENTAL SERVICES

Administrator	Michigan Donated Dental Services Program (DDS)
Description	The DDS program provides routine services in private dental offices located throughout the state to those who qualify. The program does not provide emergency services.
Eligibility	Applicants must have a permanent and severe disability, chronic illness or be elderly, be unable to pay for dental treatment and show no other means of obtaining needed dental care, and need extensive treatment (*i.e.*, more than routine care). *At this time, the DDS program is accepting applications only from residents of Wayne County, excluding the City of Detroit.*
Address	3657 Okemos Road, Suite 200, Okemos, MI 48864
Phone	1-800-850-5913
Website	http://www.nfdh.org/donated-dental-services-dds/state-dds-programs/michigan

MICHIGAN DRUG PRICES

Administrator	Michigan Department of Community Health (MDCH)
Description	MDCH created a website to help consumers search more than 150 commonly prescribed prescription drugs in Michigan for the lowest possible price. Users can search this web site by zip code, city, or pharmacy for the lowest cost of drugs as far as 100 miles away. Since some of the prices listed on this website could be outdated, consumers are urged to call their pharmacy to check the latest price.
Website	http://www.michigandrugprices.com

MICHIGAN'S PRESCRIPTION DRUG DISCOUNT CARD

Administrator	Michigan Department of Community Health
Description	The MiRx (My Prescription) Card is a prescription drug discount program for Michigan residents who do not have any prescription drug coverage. The Card is free and there is no cost to enroll in the program. Card holders can use their MiRx card at their local participating pharmacy and receive the MiRx discounted price. The discount is good on any medicine the pharmacist stocks and your doctor prescribes. Over-the-counter drugs are not covered even if they are prescribed.
Eligibility	Applicants must be a resident of Michigan, have no other prescription drug coverage, and have an income level at or below the state's median income level.
Phone	1-866-755-6479 (Dial 2, then 1)
Website	http://www.mihealth.org/mirx/index.html#

OAKASSIST FINANCIAL ADVISORS

Administrator	Oakwood Staff of Financial Advisors
Description	If you do not have insurance or your insurance does not cover all of your medical costs, there may be other options to assist you. You can call and speak with a Financial Advisor at Oakwood to discuss the options that better fit your needs.
Phone	1-313-593-7136
Website	http://www.oakwood.org/oakassist

TB (TUBERCULOSIS) SCREENING, DIAGNOSIS, AND TREATMENT

Administrator	Westland: Oakwood TB and Infectious Disease Clinic
Description	The TB Clinic, operated in partnership with the Wayne County Health Department, offers treatment and management of both active pulmonary and extra pulmonary TB and latent TB infection. The clinic has special ventilation and isolation facilities for everyone's safety. For people without health insurance coverage, the clinic and the county can provide free diagnosis, care and medications for the effective treatment and care of TB. People with insurance coverage can also be seen at the clinic.
Address	2001 S. Merriman Rd, Suite 300, Westland, MI 48186
Phone	1-734-727-1130
Website	http://www.oakwood.org/TB-Infectious-Disease-Clinic

TEEN HEALTH CENTERS

Administrator		Oakwood Healthcare System and Oakwood Healthcare Foundation
Description		Primary medical care for young people ages 10-21 is offered at Oakwood's teen health centers in Inkster, Westland, and Taylor. Services are low-cost and no one is turned away for inability to pay. For specific details on individual treatments or payment plans, please contact your local teen center, either on-line or by calling.
Website		http://www.oakwood.org/teen-services
Oakwood Inkster Teen Center	Address	3250 Middlebelt Rd, Inkster, MI 48141
	Phone	1-734-729-3650
	Website	http://www.oakwood.org/locations/location.aspx?sid=1&sitecode=94
Oakwood Taylor Teen Center	Address	19275 Northline Rd., Southgate, MI 48195
	Phone	1-734-287-2076
	Website	http://www.oakwood.org/Taylor-Teen-Health-Center
Adams Child and Adolescent Health Clinic	Address	33475 Palmer, Westland, MI 48186
	Phone	1-734-728-2423
	Website	http://www.oakwood.org/adams

PUBLIC LIBRARIES WITH FREE INTERNET ACCESS

If you don't have internet access, visit any of these libraries to use the internet and to learn about your insurance options under the Affordable Care Act

WAYNE COUNTY PUBLIC LIBRARIES

Administrator	Bryant Branch Library
Description	Internet access (free with library card, $2 for an all-day pass without card), and free wireless access are available
Hours	Mon, Tues 12:30p-8:30p; Wed 10:30a-5:30p; Thurs, Sat, 12:30p-5:30p, Fri Closed
Address	22100 Michigan Avenue, Dearborn, MI 48124
Phone	1-313-943-4091
Website	http://dearbornlibrary.org

Administrator	Caroline Kennedy Library
Description	Internet access and wireless access are available
Hours	Mon-Thurs 10a-9p; Fri, Sat, 10a-5p; Sun, 12p-5p
Address	24590 George St., Dearborn Heights, MI 48127
Phone	1-313-791-3800
Website	http://www.ci.dearborn-heights.mi.us/Lib.cfm

Administrator	Flat Rock Public Library
Description	Internet access (with library card), wireless access (with library card)
Hours	Tues, Weds, 10a-8p; Thurs-Sat, 12p-5p
Address	25200 Gibraltar Road, Flat Rock, MI, 48134
Phone/E-mail	1-734-782-2430; mulder@frlib.org
Website	http://www.frlib.org

Administrator	John F. Kennedy Library
Description	Internet access and wireless access are available
Hours	Mon-Thurs, 12p-8p, Fri, 12p-5p, Sat, 12p-5p, Sun Closed
Address	24602 Van Born Road, Dearborn Heights, MI 48125
Phone/E-mail	1-313-791-6050; mwrona@ci.dearborn-heights.mi.us
Website	http://www.ci.dearborn-heights.mi.us/Lib.cfm

WAYNE COUNTY PUBLIC LIBRARIES (CONTINUED)

Administrator	Leanna Hicks Library of Inkster	
Description	Internet access is available (with library card)	
Hours	**Winter**	Mon, 10a-8p Tues-Thurs, 12p-5p Fri and Sun, Closed Sat, 10a-4p
	Summer	Mon-Thurs, 12p-8p Fri-Sun, Closed
Address	2005 Inkster Rd., Inkster, MI 48141	
Phone/E-mail	1-313-563-2822; sstreet@tln.lib.mi.us	
Website	http://www.inkster.lib.mi.us	

Administrator	Esper Branch Library
Description	Internet access (with card) and wireless access (with card) are available
Hours	Mon, Tues, 12:30p-8:30p; Wed, 10:30a-5:30p; Thurs, Fri, 12:30p-5:30p
Address	12929 West Warren, Dearborn, MI 48126
Phone	1-313-943-4096
Website	http://dearbornlibrary.org/

Administrator	Taylor Community Library
Description	Internet access (no library card necessary) and wireless access (no library card necessary) are available
Hours	Mon-Thurs 10a-8p; Fri, Sat, 10a-5p; Sun: Oct-May, 1p-5p; June-Sept, Closed
Address	12303 Pardee Road, Taylor, MI 48180
Phone/E-mail	1-734-287-4840; tpowers@taylor.loib.us
Website	http://www.taylor.lib.mi.us

WASHTENAW COUNTY PUBLIC LIBRARIES

Administrator	Ann Arbor District Downtown Library
Description	Internet access (no library card necessary), wireless access (no library card necessary), computer classes and other services are available (see website or call for more information)
Hours	Mon, 10a-9p; Tues-Fri, 9a-9p; Sat, 9a-6p; Sun, 12p-6p
Address	343 South Fifth Ave., Ann Arbor, MI 48104
Phone	1-734-327-4200
Website	http://www.aadl.org/aboutus/downtown

WASHTENAW COUNTY PUBLIC LIBRARIES (CONTINUED)

Administrator	Malletts Creek Branch Library
Description	Internet access (no library card necessary), wireless access (no library card necessary), computer classes and other services are available (see website or call for more information)
Hours	Mon, 10a-9p; Tues-Fri, 9a-9p; Sat, 9a-6p; Sun, 12p-6p
Address	3090 East Eisenhower Parkway, Ann Arbor, MI 48104
Phone	1-734-327-4200
Website	http://www.aadl.org/aboutus/mallettscreek

Administrator	Pittsfield Branch Library
Description	Internet access (no library card necessary), wireless access (no library card necessary), computer classes and other services are available (see website or call for more information)
Hours	Mon, 10a-9p; Tues-Fri, 9a-9p; Sat, 9a-6p; Sun, 12p-6p
Address	2359 Oak Valley Drive, Ann Arbor, MI 48103-8943
Phone	1-734-327-4200
Website	http://www.aadl.org/aboutus/pittsfieldbranch

Administrator	Superior Township Library
Description	Internet access is available
Hours	Mon, 12p-8p; Tues, 10a-6p; Weds, Thurs, 4p-8p; Sat, 10a-6p
Address	8795 MacArthur Blvd., Superior Township, MI 48198
Phone	1-734-482-4110 ext. 1391
Website	http://www.ypsilibrary.org/locations/ydl-superior

Administrator	Saline Public Library
Description	Internet access (no library card necessary), wireless access (no library card necessary), other services are available (see website or call for more information)
Hours	Mon-Thurs, 9a-9p; Fri, Sat, 10a-5p; Sun 1p-5p
Address	555 N. Maple Rd Saline, MI 48176
Phone	1-734-429-5450
Website	http://saline.lib.mi.us/index.html

Administrator	Traverwood Branch
Description	Internet access (no library card necessary), wireless access (no library card necessary), computer classes and other services are available (see website or call for more information)
Hours	Mon, 10a-9p;Tues-Fri, 9a-9p; Sat, 9a-6p; Sun, 12p-6p
Address	3333 Traverwood Drive, Ann Arbor, MI 48105
Phone	1-734-327-4200
Website	http://www.aadl.org/aboutus/traverwoodbranch

WASHTENAW COUNTY PUBLIC LIBRARIES (CONTINUED)

Administrator	West Branch Library
Description	Internet access (no library card necessary), wireless access (no library card necessary), computer classes and other services are available (see website or call for more information)
Hours	Mon, 10a-9p; Tues-Fri, 9a-9p; Sat, 9a-6p; Sun, 12p-6p
Address	2503 Jackson Avenue, Ann Arbor, MI 48103-3818
Phone	1-734-327-4200
Website	http://www.aadl.org/aboutus/westbranch

Administrator	Ypsilanti District Library – Michigan Avenue Branch
Description	Internet access and wireless access are available
Hours	Mon-Thurs, 9a-9p; Fri, Sat, 10a-6p; Sun, Closed
Address	229 West Michigan Avenue, Ypsilanti, MI 48197-5440
Phone	1-734-482-4110
Website	http://www.ypsilibrary.org/locations/ydl-michigan

Administrator	Ypsilanti District Library – Whittaker Branch
Description	Internet access and wireless access are available
Hours	Mon-Thurs, 9a-9p; Fri, Sat, 10a-6p; Sun, 1p-5p
Address	5577 Whittaker Road, Ypsilanti, MI 48197-9752
Phone	1-734-482-4110
Website	http://www.ypsilibrary.org/locations/ydl-whittaker